

## Application for Abatement or Adjustment City of Framingham Water & Sewer Billing 100 Western Avenue Framingham, MA 01702

I,		Ol	
(Owne	rs Name)	(Owners Mailing Address)	
(Phone	e Number)	(Email Address)	
(Ассоі	unt & Customer Number)	(Service address if different)	
Prefer	red Method of Communication :		
-	est an abatement or adjustme v. (Date of Bill)	ent for the billing period	due to reason stated
uncoi conte office Custe chare balar	ntested prior bills (including pested bill. The request for an angle within 30 days of the date of the date of the date of the days of the	penalties and interest, if applicate abatement or adjustment must be the bill in dispute.  Say the contested bill on or beford that interest charges accrude Director of Public Works and	l/or Review Officer does not have
the a	uthority to put an account c	on "No Finance Charge" status	S.
(Pleas	e check the type of adjustment/aba	tement)	
	Abatement for Water and/or Sew	er Discount not applied.	
	Adjustment for difference betwee meters. (The inside meter shall ta		
	Adjustment for error or miscalcul	ation in a bill for miscellaneous service	es.
	Abatement for Water and Sewer	charges for:	
	Major water leaks that result in a la		

Adjustment for Sewer Charges only:		
Initial filling for a brand new pool or complete *This adjustment does not ap	re-filling due to repair for a swimming pool.  ply to seasonal refilling or topping off.	
<ul> <li>pool was installed and date</li> <li>A copy of the invoice from t installed. If installed by own</li> <li>A request for an adjustment</li> </ul>	and new pool being installed.  an abatement application, the capacity of the pool and size, date the of the water bill reflecting the initial filling.  he pool company with verification of payment, if professionally iter, a copy of store invoice with proof of payment.  It must be made within 30 days of the date of the bill in dispute on There must be an approved pool permit on file with the Building	
<ul> <li>The customer must submit a capacity of the pool, type of occurred and a copy of the payment.</li> <li>A request for an adjustment</li> </ul>	o the pool being damaged, and needs to be emptied to be repaired. an abatement application, repair company verification with the repair performed and date of the bill in which the refilling of the pool service repair bill from the repair company with verification of a must be made within 30 days of the date of the bill in dispute on There must an approved pool permit on file with the Building son:	
Other information to support this application (Please	attach additional sheets if necessary)	
Bill Date:	Bill Amount:	
Customer Signature	Date	
Please attach any other supporting documentation.		

Page 2

## City of Framingham Abatement Repair Company Verification Form

l,				
	(Repair Technician's name)	(Company Name if different)		
	(Compan	Address)		
Цоло и	anaired a look at	•		
пачет	epaired a leak at (Custome	's address)		
For		on (Date of repair).		
	(Customer's name)	(Date of repair).		
Type o	of Leak:			
Please	check all that apply.			
	I hereby verify that water usage from the	at leak did not enter the City's Sewer System.		
	It is my professional opinion the water	usage resulting from this problem resulted		
	in a loss ofgallons approxi	nately.		
	necessary)			
Repair	Technician's Signature			
•	N. I			
	one Number			
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This form must be attached to an Application for an Abatement or Adjustment of water and/or sewer charges with a copy of the repair invoice and proof of payment for the repair.